

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000041041  
1. Entity Name  
**SORIMAR COMPUTERS CORP.**

FILED  
03 MAR 19 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4440 NW 79TH AVE</b> Suite, Apt. #, etc. <b>1E</b>		3. Mailing Address <b>4440 NW 79TH AVE</b> Suite, Apt. #, etc. <b>1E</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33166</b>	Country <b>U.S.A.</b>	Zip <b>33166</b>	Country <b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>MARTINEZ, ROSA</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4440 NW 79TH AVE</b>
City <b>MIAMI</b>
State <b>FL</b>
Zip Code <b>33166</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARTINEZ, ROSA 4440 NW 79TH AVE SUITE 1E MIAMI FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>03/19/03--01070--001 **150.00</del> <b>100014379521</b> <del>03/19/03--01070--001 **150.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SORIANO, JOSE 4440 NW 79TH AVE SUITE 1E MIAMI FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100014379521</b> <del>03/19/03--01070--002 **150.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SORIANO, JAMIER 4440 NW 79TH AVE SUITE 1E MIAMI FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa Martinez **ROSA MARTINEZ** 03-11-03 (305) 418 4927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)